FORM D

DEC 1 3 2006

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC

OMB APPROVAL

OMB Number: 3235-0076 Expires: April 30, 2008 Estimated average burden hours per form 16.00



•						
Name of Offering (check if this is an amen Convertible Note Financing (Plus			ite change.)			·
Filing Under (Check box(es) that apply): Type of Filing:	Rule 504	Rule 505	⊠Ru		Section 4(6) endment	ULOE
	A. BASIC	IDENTIFICATION	N DATA ,			
1. Enter the information requested about the	issuer	<u>.</u>		,		
Name of Issuer (check if this is an amendation . VINCULUM COMMUNICATION		hanged, and indicate	change.)			
Address of Executive Offices 9255 Towne Centre Drive, Suite 9		treet, City, State, Zip 92121	Code)	Telephone Nun (858) 546-8030	nber (Including A	rea Code)
Address of Principal Business Operations Same as above	(Number and S	treet, City, State, Zip	Code)	Telephone Nun Same as above	nber (Including A	rea Code)
Brief Description of Business: Telecommun	ications service				• "-	
Type of Business Organization			1			
⊠corporation ′	☐limited partr	nership, already form	ed	□other	(please specify)	
business trust	limited partr	nership, to be formed	<u> </u>	limited	liability company	
·	,	<u>Month</u>	<u>Year</u>		PROC	ESSED
Actual or Estimated Date of Incorporation or	Organization:	April	2004	⊠ Actu	nal 🗌	Estimated
Jurisdiction of Incorporation or Organization		er U.S. Postal Service , FN for other foreigr		for State: DE	E JAN 0	5 2007
GENERAL INSTRUCTIONS Federal:					THON FINAN	
Who Must File: All issuers making an offering of U.S.C. 77d(6).	securities in reliance o	n an exemption under R	Regulation D or	Section 4(6), 17 CF	R 230.501 et seq. or	15
When to File: A notice must be filed no later than Exchange Commission (SEC) on the earlier of the due, on the date it was mailed by United States reg	date it is received by the	he SEC at the address g	offering. A notic iven below or, i	ce is deemed filed w freceived at that add	rith the U.S. Securiti dress after the date of	es and on which it is
Where to File: U.S. Securities and Exchange Comm	nission, 450 Fifth Stre	et, N.W., Washington, I	D.C. 20549.			
Copies Required: Five (5) copies of this notice must photocopies of the manually signed copy or bear ty	ped or printed signatu	res.				•
Information Required: A new filing must contain a information requested in Part C, and any material c the SEC.						

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;

Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and								
Each general and management	ging partner of partnership issuers.							
Check Box(es)	Promoter	⊠Beneficial Owner	Executive Officer					
that Apply:	Director	General and/or Managing Partner						
Full Name (Last name first, if it	ndividual)							
Scott Goodwin								
Business or Residence Address	(Number and Street, City, State, Zip	Code)						
c/o 9255 Towne Centre Drive,	Suite 925, San Diego, CA 92121	,						
Check Box(es)	Promoter	⊠Beneficial Owner	Executive Officer					
that Apply:	⊠ Director	General and/or Managing Partner						
Full Name (Last name first, if in	ndividual)							
Jayson James								
	(Number and Street, City, State, Zip Suite 925, San Diego, CA 92121	Code)	,					
Check Box(es)	Promoter	Beneficial Owner	☑Executive Officer					
that Apply:	⊠Director	General and/or Managing Partner						
Full Name (Last name first, if in	idividual)							
Mark Buckner	·							
	(Number and Street, City, State, Zip Suite 925, San Diego, CA 92121	Code)						
Check Box(es)	Promoter	Beneficial Owner	Executive Officer					
that Apply:	⊠Director	General and/or Managing Partner						
Full Name (Last name first, if in	ndiviđual)	•	.•					
Suki Mudan								
	(Number and Street, City, State, Zip Suite 925, San Diego, CA 92121	Code)						
Check Box(es)	Promoter	Beneficial Owner	Executive Officer					
that Apply:	⊠Director	General and/or Managing Partner						
Full Name (Last name first, if in David Pfenninger	ndividual)	· · · · · · · · · · · · · · · · · · ·						
	(Number and Street, City, State, Zip Suite 925, San Diego, CA 92121	Code)						
Check Box(es)	Promoter	Beneficial Owner	☐Executive Officer					
that Apply:	Director	General and/or Managing Partner	•					
Full Name (Last name first, if in	ndividual)	• -						
Business or Residence Address	(Number and Street, City, State, Zip	Code)						
Check Box(es)	Promoter	Beneficial Owner	Executive Officer					
that Apply:	Director	General and/or Managing Partner						
Full Name (Last name first, if in	ndividual)	,						
Business or Residence Address	(Number and Street, City, State, Zip	Code)						
i i i i i i i i i i i i i i i i i i i	Comment and bridge, only, orang, Esp							
Check Box(es)	Promoter	Beneficial Owner	Executive Officer					
that Apply:	Director	General and/or Managing Partner						
Full Name (Last name first, if it								
3 0			•					
Business or Residence Address	(Number and Street, City, State, Zip	Code)	•					

		III		В. 1	NFORMA'	TION ABO	UT OFFER	RING	,			
1. Has	the issuer so	ld, or does	the issuer in					ffering? nder ULOE.		Yes 🗌	No 🖾	
2. Wh	at is the mini	mum invest	ment that wi	ill be accepte	ed from any	individual?		:			N/A	
3. Ďoc	es the offering	g permit joi	nt ownership	of a single	unit?					Yes 🛛	No 🗌 .	;
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
			·			•	•	•		•		
		į.										
Full Na	me (Last nan	ne first, if in	dividual)									1 .
Busines	s or Residen	e Address	(Number and	d Street, City	y, State, Zip	Code)				·	<u>.</u>	
		<u> </u>	-					:				
Name o	f Associated	Broker or D	Dealer	•				1				
States in	n Which Pers	on Listed I	las Solicited	or Intends to	o Solicit Pu	rchasers		<u> </u>				
	"All States"	or check inc	dividual Stat	*				······································		All States		
[AL]	[AK]	[AZ]	[AR]	[CA] .	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[AI]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[VA]	[WV]	[WI]	[WY]	[PR]
Full Na	me (Last nam	ne first, if in	dividual)				7	ł	-			
Busines	s or Residen	e Address	(Number and	d Street, City	, State, Zip	Code)						
Name	f Associated	Proker or F)anlar					1				
Name 0	i Associated		realei			•	,			-		
States in	n Which Pers	on Listed H	las Solicited	or Intends to	o Solicit Pu	rchasers		,		<u> </u>		
(Check	"All States"	or check inc	dividual Stat	es)			***************************************			All States		
[AL]	[AK] ·	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS] ·	[KY]	[LA]	[ME]	[MD]	[MA]	[Mḷ]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	. [NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[VA]	[WV]	[WI]	[WY]	[PR]
Full Na	me (Last nam	ne first, if in	dividual)									
Busines	s or Residen	e Address	(Number and	d Street, City	, State, Zip	Code)		 				1
Name o	f Associated	Broker or E	Dealer	,				-				-
States in	n Which Pers	on Listed H	las Solicited	or Intends to	o Solicit Pu	rchasers				•		
	"All States"						***************************************			All States		
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	(DE)	[DC]	[FL]	[GA]	 [HI]	[ID]
[IL]	[IN]	[A]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD] .	[TN]	[TX]	[UT]	[VT]	[VA]	[VA]	[WV]	[WI]	[WY]	[PR]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offering for exchange and already exchanged. Type of Security Aggregate Offering Price Amount Already Sold Debt 1,990,000.00 547,250.00 Equity..... ☐ Common Preferred Convertible Securities (including warrants) Partnership Interests..... Other (Specify) Total 2,000,000.00 550,000.00 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Amount Number Investors of Purchases Accredited Investors 550,000.00 Non-accredited Investors Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Offering **Dollar Amount Sold** Type of Security Rule 505.... Regulation A..... Rule 504. 1 Total 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs Legal Fees..... 15,000.00 Accounting Fees..... Engineering Fees..... Sales Commissions (specify finders' fees separately) Other Expenses (Identify) Blue Sky fees 100.00 Total..... 15,100.00 b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C -1,984,900.00

Question 4.a. This difference is the "adjusted gross proceeds to the issuer"

C. OFFERING PRICE, NUMBER OF INVESTO	DRS, EXPENSES AND USE OF PROCEEDS
proposed to be used for each of the purposes shown. If the amount for an purpose is not known, furnish an estimate and check the box to the left of	ny f the proceeds
	*
Purchase of real estate Purchase, rental or leasing and installation of machinery and equipment	
<u> </u>	
offering that may be used in exchange for the assets or securities of another is	ssuer
•	
	
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ii .	
D. FEDERAL S	IGNATURE
signature constitutes an undertaking by the issuer to furnish to the U.S. Secur	rities and Exchange Commission, upon written request of its staff, the
Issuer (Print or Type) Vinculum Communications, Inc.	Signature Date December 4, 2006
Name of Signer (Print or Type) George Colindres	Title of Signer (Print or Type) Assistant Secretary
	<u> </u>
4	
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above. Payment to Officers, Directors, & Affiliates Payment of Officers, Directors, & Affiliates Payment To Officers, Directors, & Affiliates Paym	
t. V	•
	·
proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the bot to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above. Payment to Officers, Directors, & Affiliates Payment To Others	
ATTENT	TION

	·
	E. STATE SIGNATURE
1.	Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule? Yes \(\sum_{\circ}\) No \(\sigma\)
	See Appendix, Column 5, for state response.
2.	The undersigned issuer hereby undertakes to furnish to the state administrator of any state in which the notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
3.	The undersigned issuer hereby undertakes to furnish to any state administrators, upon written request, information furnished by the issuer to offerees.
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited

4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) Vinculum Communications, Inc.	Signature	Date December 4, 2006
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
George Colindres	Assistant Secretary	

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX										
1	ä	2	3	4				5		
		o non-accredited te (Part B-Item 1)	Type of security and aggregate offering price offered in State (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			Disqualification under State ULOE (if yes, attach explanation of waiver granted (Part E-Item 1)			
State	Yes	No	Convertible Promissory Notes and Common Stock Warrants	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No No	
AL		x .	\$2,000,000.00						x	
AK	11 11	. X	\$2,000,000.00				r		Х	
AZ	1	X	\$2,000,000.00						X	
AR		Х	\$2,000,000.00						х	
CA		· X	\$2,000,000.00		,				x	
со	::	Х	\$2,000,000.00						Х	
СТ	1	X	\$2,000,000.00						x	
DE	, ,	Χ .	\$2,000,000.00						x	
DC		X	\$2,000,000.00		:				x	
FL		X	\$2,000,000.00	1	\$200,000.00	0	\$0		· X	
GA	1	X	\$2,000,000.00				 		x	
НІ	-	X	\$2,000,000.00						X	
ID .		X	\$2,000,000.00						x	
IL.		X	\$2,000,000.00						х	
IN	í	X	\$2,000,000.00	3	\$350,000.00	0	, \$0		х	
IA		X	\$2,000,000.00						х	
KS	i N	х	\$2,000,000.00						х	
KY	:	х	\$2,000,000.00						х	
LA		X	\$2,000,000.00	<u>.</u>					х	
ME	# 	X	\$2,000,000.00		+				X	
MD	¥	Х	\$2,000,000.00						Х	
МА	:	X	\$2,000,000.00						X	
MI	}	X	\$2,000,000.00						X	

			A	PPENDIX			-		
MN	10 10	x	\$2,000,000.00					,	X.
MS	: 1 E	X	\$2,000,000.00						х
МО		x	\$2,000,000.00		·		1		X
МТ	1	х	\$2,000,000.00						X
NE	:,	X	\$2,000,000.00						X
NV	, ,	x	\$2,000,000.00						X
NH		х	\$2,000,000.00					-	X
NJ		x	\$2,000,000.00		·				X
NM	à	х	\$2,000,000.00			· · · · · · · · · · · · · · · · · · ·			Х
NY	2	x ·	\$2,000,000.00						x
NC	a :	х	\$2,000,000.00					,	Х
ND	:	х _	\$2,000,000.00				, , ,		X ·
. ОН	1	х	\$2,000,000.00		•				X
ОК		X	\$2,000,000.00		·		,		Х
OR	<u></u>	x	\$2,000,000.00						х
PA		X	\$2,000,000.00		F		;		Х
RI	i i	х	\$2,000,000.00			- ,			Х
SC		x ,	\$2,000,000.00						Х
SD	9 6 	X	\$2,000,000.00						Х
TN	3	x	\$2,000,000.00						Х
TX	P	x	\$2,000,000.00					-	· x
UT	l	X	\$2,000,000.00						X
VT		. x	\$2,000,000.00						Х
VA	, , , , ,	x	\$2,000,000.00						X
WA	:	х	\$2,000,000.00		1				х
wv	į.	X.	\$2,000,000.00						X
. WI		· x	\$2,000,000.00						x
WY	, , , , , , , , , , , , , , , , , , ,	х	\$2,000,000.00						· x
PR	. :	x	\$2,000,000.00						Х